

BROWN, (B)

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The Medical Treatment

—OF—

FIBROID TUMORS OF THE UTERUS.*

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Mr. President :

My personal experience in the treatment of fibroid tumors of the uterus is confined to the observation of twenty-seven cases which have occurred in my practice during the past thirty-seven years. Some of these cases have only been under my observation for one or two years; some for five or six years, while a certain proportion have remained under my care from twelve to fifteen years. While this experience is not very extensive, nevertheless the results of the careful and studious observation of the progress and results of treatment of this number of cases are of some value as an addition to the history of this class of affections. In these twenty-seven cases are included all classes, from the most grave, in constitutional effect accompanied with alarming hæmorrhagic tendencies, peritonitis, septicæmia and general prostration, to those in which the system never sympathized in any serious degree. And yet in not one of these persons so affected have I seen the occurrence of death. On the contrary in all the cases remaining under my observation sufficiently long, there has invariably been improvement more or less marked in several instances, at least one-third amounting to a positive recovery.

In some instances I have had an opportunity of watching the incipient beginning, the progress, gradual development, and finally the

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decline of certain cases covering the different stages of a very interesting history.

In one case, the most serious and dangerous coming under my care, my attention was called to it when the tumor was not larger than a walnut. I observed the gradual growth of this tumor from this small beginning during a period of eight years until the abdomen was filled to repletion with an enormous tumor, subperitoneal in character, while another, submucous in location, distended the uterus to the full capacity of the pelvic cavity, crowding every other organ out of position. I witnessed the repeated copious and dangerous hæmorrhages to which this patient was subjected. The numerous attacks of localized peritonitis. The loss of appetite, of flesh and strength. The habitual quick pulse, and terrible mental depression, and nervous prostration. I then again had the opportunity of seeing the arrest of growth of these tumors. Their gradual diminution and subsidence of all constitutional symptoms and finally their complete absorption. Through the abdominal walls the bare rudiment of a tumor can be detected now, and the uterus has been reduced to the normal dimensions:

These various stages of growth and decline occupied about fifteen years. The growth began at about the age of thirty and terminated just before the patient reached forty-five. She has not quite passed the menopause yet.

The growth was in progress about ten years and the period of reduction occupied about five years. The general health of the patient now is good and her strength fair. Forming an opinion based on long experience I have reached the conclusion that by proper and judicious management as a rule death may not only be averted under the most untoward circumstances, but that the great majority of cases can be so far improved by medical treatment and regimen as to render life comfortable and bring the disease to a point of reduction when the health is virtually restored. As an evidence of the truth of this statement I will cite another case of interest bearing on this question.

The subject of this case about ten years ago gave birth to a child in her twenty-fifth year. In twelve months subsequently she became troubled with metrorrhagia which continued to increase until it became so constant that the woman was not an hour without some sanguinous discharge amounting once or twice monthly to dangerous hæmorrhage. It was found on examination that the uterus was so large as to very nearly fill the pelvic cavity, and to contain a submucous fibroid of probably nearly three inches in diameter. The os uteri

measured about two inches in diameter, was patulous, puffy, rather livid, with numerous small blue tortuous veins plainly perceptible traversing the mucous surface accompanied with marked œdema of the cervix. The constant and severe pelvic pains in this case from distension, the irritation of bladder and rectum exceeded anything of the kind I have ever witnessed in a similar case. In rather more than twelve months from the beginning of the metrorrhagia two hard fibrous tumors began to develop in each breast. From these tumors as central points radiated pains of a neuralgic character of the most excruciating intensity extending over the chest and down the arms in the direction of the brachial nerves. The pains increased in intensity in proportion to the increased growth of the fibroid tumor, and in all my experience I have never witnessed more intense suffering than this patient underwent, as every description of opiate and anodyne was tried without relief.

Both mammary tumors were finally removed, but the neuralgic pains continued in the same intense character in not only the locality of the tumors after cicatrization, but following its former course down the arms.

A remarkable feature of this neuralgia was the violent attacks of increased pain caused by the slightest muscular movements of the arms. A thorough course of electrical treatment not only relieved the neuralgia of the chest and arms, but when applied to the uterus also afforded relief to the uterine pains.

During a period of ten years this woman must have suffered from two hundred attacks of uterine hæmorrhage. Consequently, she became greatly anæmic, alarmingly prostrated, and at one period dropsical. Under treatment the neuralgia has been entirely relieved, the hæmorrhages have ceased, and menstruation is normal.

The reduction of the submucous fibroid has been steady, until it has about disappeared, and on exploration the uterus is about two and three quarter inches in dimensions. The woman has gained strength and flesh, and now presents a robust appearance. I alluded to a feature in this case which I have witnessed in five other cases of fibroid, and I regard it as somewhat distinctive of this affection. At least, I have seen it in no other.

The condition I allude to is œdema of the cervix uteri. It does not appear in either the very earliest or later stages of the case, but at that stage where the submucous fibroid reaches a size sufficient to distend the uterine cavity to at least three inches in diameter, and begins to dilate and expand the cervix at the internal os. At first the cervix

appears to be hypertrophied, but in reality is not. It is in a state of genuine œdema, accompanied with passive engorgement, doubtless due to obstruction to the venous circulation in the cervical vessels, itself due to pressure exercised on the vessels of the body of the uterus by the internal mechanical pressure of the growing tumor. In the cases coming under my observation the cervix presents a pale, livid complexion, and can be indented by pressure, the pit being of some duration, as witnessed in anasarca of the skin. The cervix is always twice as large as natural, and is soft, pulpy and putty-like to the touch.

I have never observed this pathological condition in any other affection of the uterus. In this class of cases, in proportion as the fibroid increases and uterine body expands and encroaches on the cervix, that portion of the organ is gradually obliterated, as in the advancing stages of pregnancy, when the local œdema disappears as the cervical obliteration progresses; and when the tumor has grown sufficiently large to expand and obliterate the cervix, then only the attenuated, hard, cartilaginous lips of the os uteri remain. At the stage of œdema the os is usually found in the centre of the pelvic axis. At a later period, when absorption has taken place, it is displaced, and is found either under the pubic arch or thrown back into the hollow of the sacrum, the distortion being caused by the expanding force of the internal growth.

On the contrary, when the growth of the tumor and the processes of reduction and absorption begin, then there is a reversal of changes in the condition of the os and cervix uteri. These portions of the uterus then gradually return to their former shape and softness, while the vagina, from a mere short cul de sac, regains its elongated, canal-like form.

Treatment—In the process of tumor building there are manifestly two opposite pathological conditions, one a positive, the other a negative character, existing. These conditions consist of increased cell proliferation and organic growth, and deficiency of tissue metamorphosis to counterbalance the act of superabundant deposition. Therefore, whatever in the way of diet, regimen, exercise, period of life or other circumstances may tend to increase cell proliferation beyond the powers of nature to maintain an equilibrium, will, when brought to bear upon the uterine structure, promote the fibroid growth. On the contrary, whatever of food, habits, medicine or period of life will correct this perverted state of the nutritive processes of the part will diminish abnormal cell proliferation and restore healthy tissue metamorphosis, and must curtail fibroid growth.

I think there can be no question that discrimination in regard to the character of the food used by these subjects exerts an influence over the growth of fibrous tumors. This accords with my own experience. The curtailment in supplies of those varieties of food containing largely, if not wholly, of amylaceous and fatty materials does retard these growths. On the contrary, they grow more rapidly when starchy and fatty matters are more largely consumed. Lean fresh meats, green vegetables and fruits containing but little starch, skimmed milk and eggs, I have found effected this object best.

Then the power of ergot to diminish the calibre of the nutrient vessels of the uterus, and in this way curtail the hypernutrition and growth of the tumor is so well understood as to require scarcely a notice here, barely excepting the special preparations of that article and the method of administration. I have found the so-called normal liquid ergot of Parke, Davis & Co. an excellent preparation for internal or hypodermic use, and I regard it as particularly well adapted to the latter. It is very unirritating, and acts with great promptitude in arresting hæmorrhage even of the greatest magnitude. I believe that the continuous internal use of this article in twenty or thirty drop doses three times daily will accomplish more in the end than the hypodermic method. With this may be alternated a pill after the following formula:

R.

Ergotini	-	-	-	-	3ij
Strychninæ	-	-	-	-	gr. i
Quininæ salicylat.	-	-	-	-	3iss
Acidi arseniosi	-	-	-	-	gr. i

i gr. pil xxx.

One of these should be taken three times a day in connection with the following combination of remedies:

R.

Flu. ext. hydrastis can.	-	-	-	-	3ss
Aquæ cinnam.	-	-	-	-	3v
Flu. ext. phytolacæ, decand.	-	-	-	-	3ss
Sodæ bicarb.	-	-	-	-	3ij

M.

These remedies in this particular combination I have found useful in retarding and diminishing the growth of fibroid tumors.

The hydrastis and phytolacca both possess properties which give them power to retard abnormal uterine action and promote absorption. But I am persuaded that there are other therapeutic agents which,

acting on the blood formation and through the circulation, influence the process of nutrition, rectifying that important function, when deranged, in a remarkable manner and in that way correcting those excesses of local action which produce local disease and abnormal growths. Some years since, with a view of carrying into practice this idea, I began a series of experiments for the purpose of testing the influence on the progress and development of fibrous tumors by acting on the nutritive functions by means of those preparations containing phosphorus, lime and soda. I had at that time four cases of fibroid under my care. I selected to be used in these cases the syrup of the lactophosphate of lime and the syrup of the hypophosphites of lime and soda, as prepared by McArthur. That was about eight or nine years ago. Since that time I have had nine cases under my care. Six of these cases have remained under my inspection, and with one exception are so decidedly improved as to need no further treatment. The one exception came under my care during the spring, and is now improving under treatment. Three of these cases alluded to have left my vicinity and migrated to a distance. In these cases the syrup of the lactophosphate of lime and the syrup of the hypophosphites were administered in teaspoonful doses each three times a day continuously for months, and with slight intervals, so as to give rest to the stomach, for years, that there might be maintained on the system a permanent influence.

The character of most of the cases subjected to this treatment was of the most aggravated form, and had previously been treated by means of ergot internally and hypodermically, the bromides, etc., without in any way retarding their progress. In some constitutions the response to treatment is much more prompt than in others. Some cases improve up to a certain point, then cease and wait for the menopause to complete the process. Some recover entirely before that period, while others again are very resistant to treatment in any form. But the treatment by means of the phosphates has given me far more satisfaction than any other.

This treatment to produce favorable results must be pursued systematically, regularly, perseveringly and continuously. Taking a retrograde review of the cases treated by myself, I will state here that the first two cases which came under my charge about thirty-five years ago, in absence of knowledge of better remedies were both treated by means of liquor arsenici et hydrargyri iodidi in one and two drop doses continued for two or three years with occasional intermissions with a view to its alterative effect. The tumor in both of these cases

was in the cavity of the uterus and submucous in character. The females belonged to the negro race and had borne children. In both there existed decided menorrhagia and one was subject to periodical hæmorrhages. In both cases also the uterus was distended so as to fill the cavity of the pelvis.

These cases are reported here and are of interest because of the results of the treatment.

In the worst case after three or four years' treatment by this remedy the tumor began to diminish and finally became entirely absorbed. The other improved but did not recover entirely until after the menopause. Ergot was also used occasionally in both to repress hæmorrhages. It was about this period that Dr. Simpson introduced his treatment by means of the bromide of potash.

I continued to use the treatment of Simpson I thought with some benefit, in connection with ergot up to the period when I adopted the use of the phosphates.

Subsequently to these two cases I tested further the powers of the solution of Donovan but was not so fortunate. The therapeutic action of the combination of the lacto-phosphate of lime and hypo-phosphites in the seven last cases, coming under my care, has been exceedingly favorable and has been of a twofold character.

The earliest perceptible effect exerted was on the tendency to hæmorrhage. In every case this tendency has been diminished and so decidedly lessened in most of them as to afford relief. In two cases one of which was the worst in this respect that I ever witnessed, the hæmorrhages were frequent and often dangerous in extent. This patient after taking these remedies for three or four months found herself without her usual hæmorrhages, and not long after found herself minus her menstrual periods. She at once became alarmed and protested that she would take no remedy which would affect her in this way. She had a firm conviction that her condition was due to the remedy used. It was suspended and after a few months the hæmorrhages returned. The remedy was a second time resorted to, and with a similar effect, and again suspended. Under treatment by the phosphates, and occasionally ergotine, and strychnine, the hæmorrhages finally ceased and the absorption of the tumors, there were three of them, progressed.

In the case of another patient while under the phosphate treatment a suspension of menstruation occurred and this patient refused to continue their use. While the tumor in this case was large and impaired the general health seriously, there were no hæmorrhages. The sec-

ond effect of the phosphates in these cases is to promote absorption and arrest the growth of the fibroids. In all these cases there was arrest of growth and diminution. In several, to be more definite, in three, the diminution was very marked. In this case there was complete absorption. Thirdly, the action of the combined phosphates in these cases, in which there is always impairment of the general health, is to improve the condition in a manifest degree of the constitution and in every case have proven themselves genuine restoratives. In these cases in which our greatest renovator, *iron*, is inadmissible the phosphates fill a most important place.

Case I.—Mrs. M——, a lady, æt. about 32 years, the widow of a confederate officer who fell at the battle of Seven Pines only two months after marriage. She has never borne children. She had a submucous fibroid distending the uterus to the full capacity of the pelvic cavity. Her general health was much impaired from the depressing influence of hæmorrhages, pain and local irritation. I presumed that the tumor had been in progress at least four or five years. Various medicines as ergot, the bromides, and iodides with tonics were resorted to without benefit. About this time from some cause not well defined extensive bronchitis with some indications of hectic appeared. For this complication McArthur's syrup of hypophosphite was used which was subsequently united with the syrup of the lacto-phosphate of lime. The symptoms arising from the tumor improved so much as to justify their continuation. After a time all hæmorrhages ceased and menstruation became regular and the tumor began gradually to diminish and in two or three years of this treatment became so greatly lessened as to give no trouble. This patient subsequently removed from the city to a distant point. This was the first case in which I used the lacto-phosphates and hypophosphites in fibroid tumor of the uterus.

At this stage of our subject, for the purpose of illustration, I deem it proper to present the history of four or five cases in which this method of treatment was fully tested.

Case II.—Miss L——, a lady, æt. 30 years, unmarried. Had previously enjoyed good health. On examination three sub-peritoneal fibroids were found as large as the fist each. No pain or tenderness. Menstruation normal. This case came under my charge about fourteen years ago. For several years she took the chloride and bromide of ammonia. The tumors continued to increase, but gradually, until the abdomen attained the size of a pregnant woman at full term. In the mean time menstruation became irregular, accompanied with menorrhagia, which increased in extent every month until it amounted to

alarming hæmorrhages. These hæmorrhages now became both frequent and dangerous in extent. The general health and strength at this stage became greatly depressed. The pulse was frequent and feeble. There was great emaciation, and the prostration of mind and body was so great as to confine the patient to bed. An examination made at the time these hæmorrhages began revealed the presence of a submucous fibroid. This increased gradually until the cavity of the pelvis was filled completely. When first detected there existed œdema of the cervix uteri. Ergot used hypodermically and internally, at first controlled the hæmorrhages, but when the walls of the uterus became thin, attenuated and paralyzed, the muscular tissues from over distension, then the remedy failed utterly, and injections of Monsel's solution in the uterus and tampons could only be relied on to arrest the terrible hæmorrhages. When these were arrested then followed a series of symptoms denoting septicæmia. With a view of improving the general health of the patient, I prescribed the syrup of the lactophosphate of lime and McArthur's hypophosphites of lime and soda. The general condition of the patient improved, and the tendency to hæmorrhages gradually diminished. It was continued, the patient in the mean time improving in every respect. It was now perceived that the tumors were gradually lessening. This patient in the past four years has undergone a great change for the better. The tumors in the abdomen are now so small as to give no trouble. The submucous tumor has about disappeared; she has an occasional return of menstruation, but no hæmorrhage for nearly two years.

The general health and strength are good. In this history I have merely stated facts. We can draw our own inferences. I cannot for a moment doubt that the phosphate treatment was the chief factor in the improvement in this case.

Case III.—Miss P——, an unmarried lady, æt. about 32 years, came under my charge about eight years since. Her general health had been declining for several years. She suffered so much pain in abdomen and back as to disable her. A uterine examination in this case revealed the presence of a submucous fibroid, not only filling the pelvic cavity, but a subperitoneal tumor also jutting several inches above the brim. Notwithstanding this condition of affairs, menstruation had been regular as to time, but consisted largely of dirty reddish colored fluid. This patient took ergotine in combination with strychnia for several years, and occasionally arsenic, but without perceptible effect. She then took the phosphates with not only marked benefit to her general health, but with equal benefit to the local trouble. After

its use for six months there was manifest reduction. But now this was attended with an entire suspension of the menstrual functions. At this the patient became alarmed and refused to continue the remedy. Subsequently I used, as applications to the os and cervix uteri, Churchill's tinct. iodine and flu. ext. ergot with good effect semi-weekly. These tumors are now so far reduced as to give the patient no trouble. Her general health is excellent, and her menstruation regular. In this case, twice a week, the iodine and extract of ergot were freely applied alternately, not only to the os and cervix but to the entire roof of the vagina. When the lacto-phosphate of lime was suspended the syrup of the hypophosphites was continued with excellent effect. The tumor in the cavity of the uterus has been almost absorbed, and whereas the vagina was, a mere short cul de sac, scarcely an inch and a half in length, the os being thrown up under the arch against the urethra it has now nearly resumed its normal length. The sub-peritoneal tumor is scarcely perceptible.

Case IV.—Mrs. H——, a married woman, æt. 35 years. I had treated this patient for endometritis several years previous to this, and after treatment she conceived and gave birth to a child. It was subsequent to this that a submucous tumor began to develop and give rise to frequent hæmorrhages and pelvic pain. This tumor continued to increase and distend the uterus until the cavity of the pelvis was not only compactly filled, but the organ jutted above the brim. Various remedies were resorted to in this case, among others ergot, hydrastis, phytolacca, the bromides. Finally some three years since she began the phosphate treatment and has maintained it steadily since. The tumor is almost entirely absorbed, and where the uterus was immovably fixed in the pelvis from distension of the tumor, the organ is now perfectly movable and measures about three inches in length. During the early stages of this case the cervix was for many months in a highly œdematous state. This woman has now been under observation for about eight years, and while she has suffered much from pain, and there was at one time great emaciation from constant loss of blood, there has never been at any time the least pyrexia.

The general health of the patient is now excellent and even robust. All hæmorrhagic tendency has entirely ceased. Menstruation is regular and normal.

Case V.—Mrs. D——, a married woman, æt. 52 years. This patient in early life had borne children. For some years previous to the development of tumor she had been subject to endometritis. Between the years 1878 and 1883, I removed two polypi of considerable size

from the uterus. About five years since a submucous fibroid began to develop, accompanied with much hæmorrhagic tendency. The uterus in its cavity measured around the growth four inches. The os and cervix for twelve months were much enlarged from œdema. An impression firmly made by an instrument left an indentation similar to that in anasarca. The cervix measured at least two inches across.

Twelve months ago I adopted the use of the phosphates in this case in connection with the flu. ext. ergot and flu. ext. hydrastis canadensis, internally. I also applied semi-weekly Churchill's tinct. iodine and the extract of ergot alternately. There has been very decided improvement in this case in every particular. The hæmorrhages have ceased entirely. The tumor is very greatly reduced. The menstruation at this late period continues regular, and the general health is good.

In these cases of excessive hæmorrhage it is our duty not only to adopt means to arrest the immediate attack, but to go further than that and so shape our treatment as to control or subdue that tendency. I believe the phosphatic treatment persistently pursued; the ergotine and strychnia internally, and the local application of the iodine and the extract or normal liquid ergot alternately every third day will so impress the general and local circulation and the process of nutrition as to regulate this peculiar tendency.

I attach very considerable importance to the influence of local treatment applied in this way as a means of aiding in controlling hæmorrhage, and promoting the reduction and absorption of the fibroid. The iodine and ergot are both readily absorbed and exert their peculiar influence with more or as much force than when taken internally. At all events in my hands the practical results have been good.

Case VI.—Mrs. M——, a colored woman, æt. about 40 years. The case came under my charge in March last. The woman had three sub-peritoneal tumors, each being about three inches in diameter. There exists also in the uterus a small submucous tumor. She came under my treatment for metrorrhagia and very soon after peritoneal inflammation set in. After the subjugation of the peritonitis, she took the following formula :

R.	Ergotini	-	-	-	-	f 3i
	Strychninæ	-	-	-	-	gr. ½
	Acid arseniosi	-	-	-	-	gr. i
	Quininæ sulph.	-	-	-	-	3i
	M. pil. No. xxiv.					
	One after meals.					

The action of this not being favorable, she took a teaspoonful each of syr. lacto-phosphate of lime and syr. hypophosphite of lime and soda before each meal and twenty drops each of the flu. ext. hydrastis can. and phytolacca decand. after meals. The hæmorrhages have ceased. The woman has gained sufficient strength to resume her vocation, and the tumors have rather diminished than increased as before.

For the purpose of illustrating more clearly my experience in the use of these preparations as correctives of the more acute forms of perverted local nutrition and as means of promoting absorption of inflammatory products, the results of this malnutrition I will diverge from the subject of the treatment of fibroids and present here a statement of my personal observation of their peculiar action in acute adenitis whether simple or contagious in origin. In my statement of the history of the following cases I confine myself to simple facts alone.

Case I.—A girl, æt. 9 years, had a scarlatinous rash and sore throat. After the subsidence of the rash, tonsillitis of a very aggravated form developed. The cervical and sublingual glands now becoming infected a violent and painful form of adenitis appeared, in which the swelling and œdema became so extensive as to endanger life. The usual standard agents in these cases were tried but without results, and the case presented an exceedingly unfavorable aspect. Without much definite expectation of favorable results, the lacto-phosphate of lime in drachm doses was given three times daily, and McArthur's hypophosphite in fifteen-drop doses every two hours. In twenty-four hours the progress of the adenitis was arrested. In forty-eight hours there was a manifest decline in the enormous swelling so that the child could begin to take nourishment. In three days the improvement was so decided as to make it certain all danger had passed, and convalescence was speedy.

Case II.—After a severe attack of measles, this, a child æt. 2 years was attacked with extensive adenitis of the glands of the neck which threatened to prove fatal. The same remedies as in the former case were administered in this, and while not quite so speedy in their action in arresting the morbid process and promoting absorption, had within a week placed the patient beyond all danger. In both of these cases resolution was complete, and all tendency to suppuration prevented. The prevention of the pyogenic process is one of the most conspicuous effects of the phosphate treatment.

Case III.—A child, æt. 3 years. After apparent recovery from

attack of scarlet fever, was attacked with a very violent and grave form of adenitis of the cervical glands. Very soon the pulse became exceedingly frequent and the temperature amounted to $106\frac{1}{2}^{\circ}$. The swelling of the tissues of the throat and neck became so great as seriously to interfere with deglutition. The only treatment in this case consisted of the administration of one grain of antifebrine every three hours, and fifteen drops of the syrup of hypophosphites every two hours and half drachm of syrup of the lacto-phosphates of lime three times daily. The improvement, in all the symptoms, in this case was rapid, and within a week the recovery was complete.

Case IV.—A young married lady of strumous tendency, and very delicate constitution, from supposed effects of cold had an adenitis of violent character involving the glands of the throat and neck, accompanied with very extensive oedema, and great febrile reaction. This patient took every three hours, thirty drops of McArthur's preparation of hypophosphites and the lacto-phosphate of lime three times a day. The restoration of this patient was complete within ten days. It will be observed in the reports of these cases that the effect of the remedy in all was to arrest the progress of adenitis, to prevent suppuration, and lastly, to cause rapid absorption of all exudative products. It will also be seen that the remedy was given in small doses and at frequent intervals. The object of this was to accomplish the saturation of the system with the agents as speedily as possible.

After witnessing the really marvelous effects of these agents in acute-glandular affections I am constrained to believe that they must exert a very great influence on the functions of that system generally as well as on the process of metamorphosis of tissue by promoting its disintegration and removal.

In the administration of the hypophosphites and lacto-phosphates in cases of grave malnutrition giving rise to serious local lesions, excessive exudation of morbid products or of abnormal cell proliferation producing unwonted tissue growth endangering health and life, I have found them to accomplish more than any other remedies. I wish to dwell more forcibly and specially on the necessity of the rapid and thorough *saturation* of the circulation with the phosphates of lime and soda, as a means of restoring the lost equilibrium of nutrition, arresting increased cell proliferation and exudation and promoting their absorption. Therefore, I contend these agents have not been given in sufficient quantity heretofore to regulate the process of nutrition. I have in grave and serious cases administered as much as a drachm of the syrup of the hypophosphites every two or three hours and two drachms

of the lacto-phosphate three times daily until the object was attained. In summing up the results of medical treatment of fibroid tumors, it may be stated, that the continuous administration of ergot in the form of ergotine or fluid extract, does retard the fibroid growth does lessen the tendency to hæmorrhage, and in certain stages of fibroid growth, on occasion of hæmorrhage, given hypodermically or per arm will arrest it. But at an advanced stage, when the growth of submucous fibroid becomes very great and the walls of the uterus have become very thin and attenuated from over-distension and absorption and paralysis of uterine muscle, then the ergot ceases to act as an hæmostatic. The fluid extract of hydrastics does act on the growth of fibroid to a limited extent by diminishing the circulation and also lessens the tendency to hæmorrhage. In my experience it acts better when given in combination with the *phytolacca decandra*.

Local treatment by means of iodine and ergot applied extensively over the cervix and roof of the vagina give important aid in promoting the same therapeutic results.

By a judicious and timely combination of the various therapeutic agents referred to in this paper I believe the great majority if not all cases of uterine fibroid may be shorn of their worst features, that the sufferings of those so afflicted may be greatly alleviated; that life may be prolonged; that all may be benefitted and certain proportions cured. I am in a position to assert truthfully that benefit has resulted from treatment in every case when the patient was under charge sufficiently long to get fully under the influence of medical treatment. Hence, I am convinced by a long and not very inconsiderable personal experience that medicine can do much and is capable of doing still more in the future for the benefit and relief of these cases.

